## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					_										-							
1. Name and Address of Reporting Person*  JENKINS ROBERT H					2. Issuer Name <b>and</b> Ticker or Trading Symbol VISTEON CORP [ VC ]										neck all app	licable)	ng Pei	rson(s) to Iss				
JENKINS ROBERT II																X Dire	tor		10% O	wner		
(Last)	) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004										Offic belo	er (give title v)		Other ( below)	specify		
VISTEON CORPORATION					"	50,2	.001															
17000 ROTUNDA DRIVE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Lir	Line)						
DEARBORN MI 48120														X Form filed by One Reporting Person  Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)																			
		Tab	le I - Non	-Deriv	ative	Se	curitie	es Ac	quire	l, Di	ispo	sed (	of, or	Ben	eficia	lly Own	ed					
Date					/Day/Year)   Ex		2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			Benef Owner	ies Fo cially (D) Following (I)		Ownership orm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Cod	e V	Α	Amount	: (	A) or D)	Price		etion(s) and 4)			(Instr. 4)		
Common Stock															3,259		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
			, (6	e.g., p	uts, t	Calls	, wai	rants	, opuc	115,	COII	iverti	DIE 20	cui	illes)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day)	Date,	4. Transactio Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expir Date		Title	O N O	lumber							
DCP Visteon Stock	(1)	09/30/2004			A		95		(1)		(1	1)	Comm Stocl		95	\$7.88	12,593	3	D			

## **Explanation of Responses:**

1. These Visteon Stock Units result from automatic reinvestment of cash dividends payable on Visteon Stock Units in my account and were credited to my account by the Company, without payment by me, under the Company's Deferred Compensation Plan for Non-Employee Directors. In general, these Visteon stock units will be converted and disctributed to me, without payment, in shares of stock, on Janaury 15th of the year following termination of board service, based upon the then current market value of a share of Common Stock.

## Remarks:

Heidi A. Diebol-Hoorn, Assistant Secretary, Visteon Corporation, on behalf of Robert H. Jenkins

10/01/2004

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.